

DOMESTIC SUMMARY.

Fracture of the Neck of the Femur within the capsular ligament, followed by perfect bony union.—Dr. E. GEDDINGS reports, in the *Southern Journal of Med. and Pharm.*, (Nov., 1846,) an interesting case of fracture of the neck of the femur, within the capsular ligament, in which perfect bony union took place. The subject of this case was a negro boy, 18 years of age, who was thrown down with great force by his comrades. When seen by Prof. Geddings, about a week afterwards, the patient was suffering great pain, increased on his being moved. A careful examination revealed the following conditions. Eversion of the foot; an audible crepitus in the vicinity of the hip-joint, especially when the member was rotated—the great trochanter describing a smaller circle than natural, and a very trivial shortening of the limb, which, when moved in the direction of the axis of the body, could be easily made to perform a limited motion upwards and downwards, attended with a very obvious grating crepitus.

From all these circumstances, Dr. G. did not hesitate to diagnosticate the existence of fracture of the cervix femoris, and thought it probable the fracture was within the capsular ligament. Considering the youth and good health of the patient, Dr. G. deemed it a favourable case for the procurement of ossific union. With this view, the patient was placed on his back, upon a proper mattress, and the limb was carefully put up in a semiflexed position, in the fracture apparatus invented by Professor N. R. Smith, of Baltimore. But in addition to the pelvic strap, with the view of restraining, as far as possible, all motion at the seat of fracture, the hip-piece of the apparatus was still more securely fixed, by successive turns of a spica bandage, extending, alternately, around the pelvis, and the upper part of the thigh.

He was kept carefully confined in this apparatus for ten weeks, suffering but little, except from his constrained position. At the end of this time, the adjustment was removed, and he was required to exercise the limb gently every day. By the end of the third month, he could walk with considerable ease with a stick, and before the end of the season he was able to resume his duties on the plantation. The limb, however, was shortened about an inch and a half, and the foot turned slightly outward, which occasioned a little halt in his gait. Notwithstanding this, Cyrus soon became one of the most active and sprightly negroes of the gang, and during the crop seasons of 1844-5, he was constantly engaged at the plough, without experiencing any detriment from his previous accident.

During the winter of 1845, he was, from some unknown cause, seized with idiopathic tetanus, which resisted all treatment, and carried him off in about six weeks.

A careful examination of the hip-joint was made after death, which exhibited the following appearances:—The capsular ligament was considerably thickened. A fracture had extended through the neck of the bone at its junction with the head. The cervix was entirely absorbed, and a vertical section through the head and neck, showed the former solidly united to the shaft, by a white line of bony union, extending upwards, in a perpendicular direction, from the tip of the trochanter minor. A considerable solid bony deposit had taken place externally, corresponding to the line of fracture. This is especially the case upon the anterior and superior part. At the former point, this deposit overlaps the corresponding portion of the head of the bone, throughout one-third its extent, and is perfectly consolidated with it, the corresponding cartilaginous covering having been absorbed; while, above, the new bony matter projects at least half an inch.

This case furnishes, Prof. Geddings conceives, unequivocal evidence of the possibility of the osseous union of fractures of the neck of the femur taking place within the capsular ligament, and when added to numerous facts and authorities which the Professor quotes in his paper, constitutes a body of testimony, he says, "adequate to convince the most skeptical, that, although our efforts to attain this end often fail, success, under judicious management, may be realized in a very considerable proportion of cases. In several instances referred to above, bony

union took place, even though all treatment, except rest, was neglected, and it is reasonable to infer, that if, instead of abandoning these cases to nature, as hopeless—a practice which, it is feared, the high authority of Sir A. Cooper has contributed to render too general—they were submitted to careful and judicious management, perfect recoveries would very often take place.”

Double Vagina.—Prof. MEIGS describes (*Med. Exam.*, Dec. 1846), two cases of double vagina. The first was observed in a lady 20 years of age, in labour with her first child. During an examination, whilst pressing the palp of his index finger to the left side of the pelvis, it caught in a seeming bridle, which at the instant led him to fear that the cervix uteri had been broken, so as to detach a semicircular portion of the os uteri, for the pains had been exceedingly sharp; but on pushing the index further and flexing the finger, he found he could draw the point of it outwards, pulling along with it the bridle in question. On examining then the structure of the external parts, he found the lady had a double vagina. After the head had escaped from the os uteri, Dr. M. was not able to force the partition, definitely either to the right or left. The two orifices of the vagina were exactly alike, and the partition extended across the head of the child, from the front to the rear of the passage, which by it was prevented from dilating. As the lady was strong and the uterine pains powerful, Dr. M. feared the vagina might be ruptured, and, therefore, with strong scissors divided the wall; whereupon the child's head speedily advanced, and delivery was soon accomplished. She never complained afterwards of the operation.

The second case occurred a week later, in a lady, æt. 30, in labour with her first child. The os uteri was very much dilated, and a buttock, near which was the right foot, presenting.

While inquiring into the state of the cervix, he hooked his finger into a bridle, just as he had done in the case above mentioned, and the same thought was obvious to him, viz., that she had broken off a half ring of the circle of the os uteri, but he immediately afterwards discovered that he had another case of double vagina under management. In this case the partition was very firm and thick, extending from the os magnum almost up to the os tincæ. He inspected the external structures, and the two vaginas were each perfect and alike, included within labia pudendi common to both.

Dr. M. disengaged the right foot and brought it down the right channel, the left leg was flexed upon the belly and thorax of the fœtus. With a little assistance the foot was delivered, and the buttock of the child coming downwards, thrust the vaginal wall to the left, and so the trunk was delivered. He had great difficulty to extricate the head of the child, which remained long in the vagina; the infant breathing from time to time the air that Dr. M. admitted through the hollow of his hand and fingers to its mouth and nostrils. The child, a male, was alive, and is in good health; the mother recovered, and is quite well.

Some years ago Dr. M. was called by the late venerable Dr. Ruan, to consultation upon a case of double vagina in a primiparous woman. He delivered the child with the forceps through the right canal, without difficulty or any injury, and had some five weeks later an inspection of the parts, which, as he remembers, were very similar to those described in his second case above.

Ligature of external Iliac Artery.—Dr. WEDDERBURN reports, in the *New Orleans Med. and Surg. Journ.*, (Sept., 1846,) a case of ligature of the external iliac artery for aneurism of the femoral artery which had burst the evening before. The patient lost before the operation from repeated bleedings, at least half a gallon of blood, which reduced him very much. Case went on favourably until the sixth day, when profuse hemorrhage occurred from the aneurismal sac. Two days afterwards hemorrhage again took place, by which a large amount of blood was lost. The next day the lower part of the leg and foot became gangrenous, the gangrene extended and the patient gradually declined and died the 11th day after the operation. On post-mortem examination, well-organized clots were found in the artery,—the one above the ligature extending as far up as the internal iliac, and for the distance of an inch above the ligature; so firmly connected with the